



Health Care Availability and Access Committee

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09500HB4303ham001

LRB095 16104 DRJ 47418 a

1 AMENDMENT TO HOUSE BILL 4303

2 AMENDMENT NO. _____. Amend House Bill 4303 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the MRSA
5 Screening, Prevention, and Reporting Act for State Residential
6 Facilities.

7 Section 5. Definition. In this Act, "State residential
8 facility" or "facility" means: any Department of Human Services
9 operated residential facility, including any State mental
10 health hospital, State developmental center, or State
11 residential school for the deaf and visually impaired; any
12 Department of Veterans' Affairs operated veterans home; any
13 Department of Corrections operated correctional center, work
14 camp or boot camp, or adult transition center; and any
15 Department of Juvenile Justice operated juvenile center or boot
16 camp.

1 Section 10. MRSA control program. In order to improve the
2 prevention of infections due to methicillin-resistant
3 Staphylococcus aureus ("MRSA"), every State residential
4 facility shall establish an MRSA control program that includes
5 the following features:

6 (1) Screening and surveillance.

7 (A) All residents, patients, students, or inmates
8 of the facility undergoing intake medical screening
9 and physical examinations shall be carefully evaluated
10 for skin infections. This screening shall include
11 culturing of skin abscesses, boils, "spider bites", or
12 other suspicious skin conditions.

13 (B) Recently hospitalized residents, patients,
14 students, or inmates of the facility shall be screened
15 for infections immediately upon return to the facility
16 and shall be instructed to report any new onset skin
17 infection or fever.

18 (C) Residents, patients, students, or inmates of
19 the facility with risk factors such as diabetes,
20 immunocompromised conditions, open wounds, recent
21 surgery, indwelling catheters, implantable devices,
22 chronic skin conditions, or paraplegia with decubiti
23 shall be evaluated for skin infections during routine
24 medical evaluations.

25 (D) All residents, patients, students, or inmates

1 of the facility with skin infections shall be referred
2 to health services for evaluation.

3 (E) Facility health care providers shall consider
4 MRSA infection in the differential diagnosis for all
5 residents, patients, students, or inmates presenting
6 with a skin or soft tissue infection or any other
7 clinical presentation consistent with a staphylococcal
8 infection.

9 (F) Appropriate bacterial cultures shall be
10 obtained in all cases of suspected MRSA infection.

11 (G) No resident, patient, student, or inmate of the
12 facility with a skin or soft tissue infection shall be
13 transferred to another facility until fully evaluated
14 and appropriately treated except when required for
15 reasons of appropriate security or care. Residents,
16 patients, students, or inmates with MRSA infections
17 requiring transfer shall have draining wounds dressed
18 the day of transfer to contain the draining. Escort
19 personnel shall be notified of the resident, patient,
20 student, or inmate's condition and educated on
21 infection control measures. The clinical director of
22 the sending facility or his or her designee shall
23 notify the receiving institution's clinical director
24 or health services administrator of pending transfers
25 of individuals with MRSA.

26 (2) Reporting.

1 (A) All confirmed MRSA and other
2 antibiotic-resistant infections shall be documented in
3 the resident, patient, student, or inmate's medical
4 record.

5 (B) All confirmed MRSA and other
6 antibiotic-resistant infections shall be reported to
7 the director of the department operating the facility
8 and to the Department of Public Health. The report
9 shall indicate whether the MRSA infection was present
10 on intake or contracted at the facility, if known.

11 (3) Prevention.

12 (A) Education. Employees, residents, patients,
13 students, and inmates of the facility shall be provided
14 with information on the transmission, prevention,
15 treatment, and containment of MRSA infections.

16 (B) Hand Hygiene program: Each facility shall
17 develop and implement a hand hygiene program for
18 employees, residents, patients, students, and inmates
19 of the facility that includes adequate hand-washing
20 equipment and supplies and regular training on
21 effective hand hygiene techniques and education on the
22 importance of hand hygiene. These trainings must be
23 conducted at least once each year and may be conducted
24 in conjunction with other trainings.

25 (C) Sanitation. Each facility shall develop and
26 implement a sanitation program for cleaning and

1 disinfecting the environment that includes the
2 following:

3 (i) Use of an Environmental Protection Agency
4 (EPA)-registered disinfectant according to the
5 manufacturer's instructions.

6 (ii) Regularly cleaning or disinfecting
7 washable surfaces in residents', patients', and
8 students' rooms, in inmates' cells, and in shared
9 areas such as showers, fitness areas, and food
10 services areas.

11 (iii) Cleaning or disinfecting restraining
12 devices after every use.

13 (iv) Treating all linen (towels, sheets, and
14 similar items) as potentially infectious and
15 following recommendations of the Centers for
16 Disease Control and Prevention for laundering.

17 (D) Personal protective equipment. Employees of
18 the facility shall be provided with personal
19 protective equipment (gloves, eye protection, and
20 gowns) for use when contact with blood, body fluids, or
21 wound drainage is likely.

22 (E) Isolation of residents, patients, students, or
23 inmates with MRSA. Each State residential facility
24 shall develop guidelines for isolating MRSA-diagnosed
25 residents, patients, students, or inmates from others
26 when a clinician determines the individual to be a high

1 risk for spreading the contagion. Residents, patients,
2 students, or inmates diagnosed with MRSA shall be
3 examined by a clinician to determine their risk of
4 contagion to others. The determination about whether
5 to isolate residents, patients, students, or inmates
6 with MRSA infections shall include consideration of
7 the degree to which wound drainage can be contained and
8 the ability or willingness of a resident, patient,
9 student, or inmate to comply with infection control
10 instructions.

11 (4) Infection control. Upon the diagnosis of a single
12 MRSA case at a State residential facility, that facility
13 shall implement surveillance measures to detect additional
14 MRSA cases through the following procedures:

15 (A) The individual diagnosed with MRSA shall be
16 interviewed to identify potential sources of
17 infections and close contacts. The interview should
18 seek to determine the date of onset and activity
19 immediately before and following onset, including
20 recent hospitalizations, housing, work assignments,
21 sharing of personal hygiene items, sexual contact,
22 participation in close-contact sports, or exposure to
23 other residents, patients, students, or inmates with
24 draining wounds or skin infections.

25 (B) An individual shall not be required to make a
26 copayment for the testing or treatment of an MRSA

1 infection.

2 (C) Employees, residents, patients, students, or
3 inmates of the facility identified as having contact
4 with the infected individual should be examined for
5 signs and symptoms of infection.

6 (D) State residential facility management shall
7 inform all employees of the facility of the MRSA case.
8 The notification must protect the identity of the
9 infected individual. Management shall immediately
10 conduct a training program on MRSA and hand hygiene, in
11 addition to the training program required under
12 subdivision (3)(B) of this Section, unless there has
13 been a confirmed case of MRSA at the facility within
14 the previous 6 months and a training was conducted at
15 that time.

16 (E) State residential facility management shall
17 inform all health care providers evaluating residents
18 or inmates of the facility of the MRSA case so they may
19 be on the alert for inmates with skin or soft tissue
20 infections or other evidence of MRSA infections.

21 (F) No resident, patient, student, or inmate with a
22 skin or soft tissue infection shall be transferred to
23 another facility until fully evaluated and
24 appropriately treated except when required for
25 security reasons, medical care, or other special
26 circumstances. Residents, patients, students, or

1 inmates with MRSA infections requiring transfer shall
2 have draining wounds dressed the day of transfer to
3 contain the draining. Escort personnel shall be
4 notified of the resident, patient, student, or
5 inmate's condition and educated on infection control
6 measures. The clinical director of the sending
7 facility or his or her designee shall notify the
8 receiving institution's clinical director or health
9 services administrator of pending transfers of
10 individuals with MRSA.

11 (5) Treatment. The Department of Public Health shall
12 develop an MRSA treatment protocol for each department
13 operating a State residential facility. Upon issuance of
14 the protocol by the Department of Public Health, each
15 department operating a State residential facility shall
16 educate all clinical staff at the facility and healthcare
17 vendors for the facility on that protocol.

18 Section 99. Effective date. This Act takes effect upon
19 becoming law."